PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	37-4	
First Inventor	Eggleton	22   - 23
Optical Device	es Ibaliana microstruc is Disposed for Transvers	fuced Esigna
Propagation	FR403215275US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450				
Gee Wil Er Chapter 600 Gondonning alliny parent approximation	Alexalidità VA 22313-1430				
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27.  Specification [Total Pages]] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Reader Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS				
- Abstract of the Disclosure					
4. Drawing(s) (35 U.S.C. 113) [Total Sheets]	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee)  Attorney				
5. Oath or Declaration [Total Sheets]	11. English Translation Document (if applicable)				
a. Newly executed (original or copy)	12. Information Disclosure Copies of IDS				
	Statement (IDS)/PTO-1449 Citations				
b. Copy from a prior application (37 CFR 1.63(d))	13. Preliminary Amendment				
(for continuation/divisional with Box 18 completed)	14. Return Receipt Postcard (MPEP 503)				
,	(Should be specifically itemized)				
i. DELETION OF INVENTOR(S)	15. Certified Copy of Priority Document(s)				
Signed statement attached deleting inventor(s)	(if foreign priority is claimed)				
name in the prior application, see 37 CFR	16. Nonpublication Request under 35 U.S.C. 122				
1.63(d)(2) and 1.33(b).	(b)(2)(B)(i). Applicant must attach form PTO/SB/35				
	or its equivalent.				
6. Application Data Sheet. See 37 CFR 1.76	17. Other:				
	17. — Odici				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the					
18. If a CONTINUING APPLICATION, check appropriate box, and sup	pply the requisite information below and in the first sentence of the				
specification following the title, or in an Application Data Sheet under 3	7 CFR 1.76:				
	of a size and lighting No.				
Continuation Divisional Continu	ation-in-part (CIP) of prior application No.:				
Prior application information: Examiner	Art Unit:				
F. CONTINUATION OF DIVISIONAL APPS only. The entire disclosure of the	ne prior application, from which an oath or declaration is supplied under Box				
I shall appropriate a part of the disclosure of the accompanying continuation	n or divisional application and is hereby incorporated by reference.				
The incorporation can only be relied upon when a portion has been inadve	rtently omitted from the submitted application parts.				
10 CODDESDON	DENCE ADDRESS				
13, CONNEST OF	2				
Customer Number:	OR Correspondence address below				
Name Wendy W. Kobo-					
WEINY W. NUDG					
Address PO BOX 557					
City Socination	State PA Zip Code 18081				
Country	Telephone 610-346-7112 Fax 610-346-8189				
Name (Print/Type) Werdy W Koha	Registration No. (Attorney/Agent) 30509				
Signature (1) ON All (1) KAIA	Date 10/83/03				

This collection of information is required by 77 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidehtiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

	_
	9
	0
	$\overline{}$
	တ
:	
=	.—
	CD

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to re

FE	E	ΓR	AN	SN	IIT	TAL
	f	or	FY	20	04	

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

	(\$	)	7	70.	00
--	-----	---	---	-----	----

spond to a collection of infor	nation unless it displays a valid OMB control number.			
Compl te if Known				
Application Number				
Filing Date				
First Named Inventor	Egaleton			
Examiner Name	00			
Art Unit				
Attorney Docket No.	37-4			

METHOD OF PAYMENT (check all that apply)  FEE CALCULATION	FEE CALCULATION (continued)		
Check Credit card Money Other None 3. ADDITIONAL FEES			
Large Entity   Small Entity			
Deposit Account:    Fee   Fee	ription		
Account 50-2014	fee or cath		
Number 100 100 200 00 00 00 00 00 00 00 00 00 00 00			
Account FITE U.S.A. cover sheet	Sionar ming roc or		
Name 1053 130 1053 130 Non-English specifica			
Charge fee(s) indicated below Credit any overpayments   1812 2,520   1812 2,520   For filing a request for	r ex parte reexamination		
Charge any additional fee(s) or any underpayment of fee(s)	n of SIR prior to		
Charge fee(s) indicated below, except for the filing fee 1805 1,840* Requesting publication	on of SIR after		
to the above-identified deposit account.			
FEE CALCULATION 1251 110 2251 55 Extension for reply w			
1. BASIC FILING FEE 1252 420 2252 210 Extension for reply w			
Large Entity Small Entity 1253 950 2253 475 Extension for reply w	rithin third month		
Fee Fee Fee Fee Paid 1254 1,480 2254 740 Extension for reply w	rithin fourth month		
1001 770 2001 385 Utility filing fee 770.00 1255 2,010 2255 1,005 Extension for reply w	rithin fifth month		
1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal			
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support	ort of an appeal		
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hear	ring		
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a	public use proceeding		
SUBTOTAL (1) (\$) 770.00   1452 110 2452 55 Petition to revive - un	navoidable		
1453 1.330 2453 665 Petition to revive - ur	nintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or re	eissue)		
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee			
Total Claims			
Claims 43" = 2"   1460 130   1460 130   Petitions to the Com	missioner		
Multiple Dependent = 1807 50 1807 50 Processing fee under	or 37 CFR 1.17(q)		
Large Entity   Small Entity Fee Fee   Fee Fee Fee Description   1806 180 1806 180 Submission of Inform			
Code (\$) Code (\$) 8021 40 8021 40 Recording each pate	nt assignment per per of properties)		
1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submission a			
1201 86 2201 43 Independent claims in excess of 3 (37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional in examined (37 CFR 1			
1204 86 2204 43 ** Reissue independent claims over original patent 1801 770 2801 385 Request for Continu	' ''		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1802 900 1802 900 Request for expedit			
SUBTOTAL (2) (\$) Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if	TOTAL (3) (\$)		

(Complete (if applicable)) SUBMITTED BY Registration No. Telephone 610-346-7112 30509 Name (Print/Type) Signature

WARNING: Information on this f rm may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## PATENT APPLICATION

TITLE Optical Devices Including Microstructured Fiber Sections Disposed for Transverse Signa commissioner of patents Propagation PO Box 1450 Alexandria, VA
SIR:

## **NEW APPLICATION UNDER 37 CFR 1.53 (b)**

Enclosed are the following papers related to the above-name application for patent:

/	Specification
V	☐ Formal ☑ Informal sheet (s) of drawings
	Assignment-To be recorded
	Declaration and Power of Attorney
	Associate Power of Attorney
	Information Disclosure Statement
	Recordation Form Cover Sheet

CLAIMS AS FILED						
	Number Filed	Number Extra	Rate	Calculations		
Total Claims	12 -20	0	X \$18	0		
Independent Claims	& - 3	0	X \$86_	0		
Multiple Dependent, if applicable			X \$290			
BASIC FEE				\$ 770.00		
TOTAL FEES				\$ 770.0		

Please file the application and charge **Fitel USA Corp. Deposit Account No. 50-2074 the** amount of **\$770.00** to cover the filing fee for this application. Duplicate copies of this letter are enclosed. In the event of nonpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit **Deposit Account No. 50-2074** as required to correct the error.

The Commissioner for Patents is hereby authorized to treat any concurrent or future reply, requiring a petition for extension of time under 37 CFR 1.136 for its timely submission, as incorporating a petition for extension of time for the appropriate length of time if not submitted with the reply.

Please address all correspondence to **Wendy W. Koba**, **P.O. Box 556**, **Springtown**, **PA 18081-0556**. Telephone calls should be directed to Wendy W. Koba at 610-346-7112.

Respectfully,

Wendy W. Koba

Reg. No. 30509

Attorney for Applicant(s)
610-346-7112

Date: 10/83/03